

**IN THE COMMON PLEAS COURT OF FRANKLIN COUNTY, OHIO**

**EMILY B. SHEARER** :  
165 Lofton Circle :  
Delaware, Ohio 43015 :

and

**LORA E. SHEARER,** : Case No:  
165 Lofton Circle :  
Delaware, Ohio 43015 :

Plaintiffs, : Judge:

: **JURY DEMAND ENDORSED HEREON**

vs.

**JASPREET KAUR**  
**dba FREON TRUCKING 1135** :  
Enos Ln :  
Bakersfield, California 93314 :

and :

**QUAD TRANS INC.** :  
600 Hosking Avenue, Apt. 14A :  
Bakersfield, California 93301 :

and :

**SINGH JAGJIT** :  
5802 Blue Spruce Avenue :  
Bakersfield, California 93301 :

and :

**PROGRESSIVE SPECIALTY**  
**INSURANCE COMPANY** :  
c/o CT Corporation System :  
4400 Easton Commons, STE 125 :  
Columbus, Ohio 43219 :

and :

**STATE FARM MUTUAL**  
**AUTOMOBILE INSURANCE**  
**COMPANY** :

One State Farm Plaza :  
Bloomington, Illinois 61710 :

and :  
:

**ANTHEM BLUE CROSS**  
**BLUE SHIELD**  
220 Virginia Avenue :  
Indianapolis, Indiana 46204 :

Defendants.

### **COMPLAINT**

Now comes the Plaintiffs Emily B. Shearer and Lora E. Shearer (collectively, “Plaintiffs”), and for their Complaint, state as follows:

### **PARTIES**

1. Plaintiffs are domiciled in and citizens of the State of Ohio, residing in Delaware County, Ohio.

2. Defendant Jaspreet Kaur dba Freon Trucking is registered with the Federal Motor Carrier Safety Administration with a USDOT number of 3144780 and is a business entity organized and existing under the laws of California with its principal place of business in Bakersfield, California, Kern County, doing business in the State of Ohio.

3. Defendant Quad Trans Inc. is a business entity organized and existing under the laws of California, with its principal place of business in Bakersfield, California, doing business in the State of Ohio.

4. Defendant Singh Jagjit is domiciled in and a citizen of the State of California, residing in Bakersfield, California, doing business in the State of Ohio.

5. Defendant Progressive Specialty Insurance Company (“Progressive”) is a business entity organized and existing under the laws of the State of Ohio with its principal place of business in Franklin County, Ohio.

6. Defendant State Farm Mutual Automobile Insurance Company (“State Farm”) is a company organized and existing under the laws of Ohio with its principal place of business in Newark, Ohio, Licking County, doing business in the State of Ohio.

7. Defendant Anthem Blue Cross Blue Shield (“Anthem”) is a government agency with its principal place of business in Louisville, Kentucky, Jefferson County, doing business in the State of Ohio.

8. This Court has jurisdiction over the subject matter of this personal injury action.

**FACTS AND CLAIMS COMMON TO ALL CAUSES OF ACTION**

9. On August 23, 2020, at about 6:16 p.m., Plaintiff Emily B. Shearer was lawfully driving southbound on 71SB at Ikea Way in Columbus, Franklin County, Ohio.

10. On the same day and at the same time, Plaintiff Lora E. Shearer was a passenger in the vehicle driven by Plaintiff Emily B. Shearer.

11. On the same day and at the same time, Defendant Singh Jagjit (“Jagjit”), was driving a motor vehicle owned by Defendant Quad Trans Inc., of his employer, Defendant Jaspreet Kaur dba Freon Trucking (“Freon Trucking”), in the course and scope of his employment with Freon Trucking, traveling southbound on 71SB to the left of Plaintiffs.

12. As Jagjit proceeded, without slowing down or attempting to slow down, Jagjit drove his vehicle into the driver side of Plaintiffs’ vehicle violently striking Plaintiffs’ vehicle and forcing it spin across three lanes of traffic and onto the median, where it finally came to rest.

Defendant Jagjit negligently and consciously struck Plaintiffs' vehicle, causing them to suffer permanent injuries.

13. Defendant Jagjit violated (for which violation he was cited) Columbus Ordinance § 2131.08(A), driving within lanes, and was in violation of other Ohio and Federal safety statutes, and Ohio common law.

14. Jagjit was negligent and operated his vehicle with a conscious disregard for the safety of the motoring public and Plaintiffs, resulting in permanent and substantial physical deformities and disabling injuries to Plaintiffs, including concussions, injuries to neck, shoulder, clavicle, elbow, forearm, knee, chest and back and other psychological and physical injuries.

15. Jagjit violated state and federal statutes and regulations including, but not limited to, 49 C.F.R. § 350-399 and Columbus Ordinance § 2131.08(A).

16. Jagjit's statutory violations directly and proximately caused Plaintiffs to suffer damages and injuries.

17. Jagjit is negligent *per se* based on these statutory and regulatory violations.

18. Jagjit's actions demonstrate a conscious disregard for the rights and safety of Plaintiffs, and the rest of the motoring public, acting with indifference to the consequences to others despite being aware of his conduct and knowing there was a great probability of causing substantial harm.

19. Following the collision, Defendants Jagjit, Freon Trucking, and Quad Trans were sent letters instructing them to preserve evidence even though required to do so as a matter of law. (Exhibits 1, 2, and 3).

### **FIRST CAUSE OF ACTION**

#### *Plaintiff Emily B. Shearer's Personal Injury Claim*

20. All allegations above are incorporated into this cause of action by reference.

21. Jagjit had a duty to drive his vehicle in a safe and reasonable manner, to obey all traffic laws, to obey all traffic devices, and to maintain a safe distance ahead.

22. On August 23, 2020, Jagjit consciously failed to meet his required duties and was therefore negligent and/or malicious in the operation of his vehicle in the course and scope of his employment with Defendant Freon Trucking.

23. Jagjit's negligence and malice were a direct and proximate cause of Plaintiff Emily B. Shearer's permanent and substantial physical deformities and disabling physical injuries and psychological injuries, including, but not limited to, concussion, injuries to neck, shoulder, clavicle, forearm and knee, some of which are permanent and all of which required past medical and psychological treatment and will require future medical and psychological treatment.

24. As a direct and proximate result of Jagjit's negligence and malice, Plaintiff Emily B. Shearer has lost past and future wages, and her earning capacity has been impaired.

25. As a direct and proximate result of Jagjit's negligence and malice, Plaintiff Emily B. Shearer incurred medical bills for the treatment of her injuries directly resulting from this collision.

26. As a direct and proximate result of Jagjit's negligence and malice, Plaintiff Emily B. Shearer experienced physical and mental pain and suffering, and lost the ability to perform usual activities, resulting in a diminished quality of life.

## **SECOND CAUSE OF ACTION**

### *Plaintiff Lora E. Shearer's Personal Injury Claim*

27. All allegations above are incorporated into this cause of action by reference.

28. Jagjit had a duty to drive his vehicle in a safe and reasonable manner, to obey all traffic laws, to obey all traffic devices, and to maintain a safe distance ahead.

29. On August 23, 2020, Jagjit consciously failed to meet his required duties and was therefore negligent and/or malicious in the operation of his vehicle in the course and scope of his employment with Defendant Freon Trucking.

30. Jagjit's negligence and malice were a direct and proximate cause of Plaintiff Lora E. Shearer's permanent and substantial physical deformities and disabling physical injuries and psychological injuries, including, but not limited to concussion, injuries to neck, arm, chest, and back, some of which are permanent and all of which required past medical and psychological treatment and will require future medical and psychological treatment.

31. As a direct and proximate result of Jagjit's negligence and malice, Plaintiff Lora E. Shearer incurred medical bills for the treatment of her injuries directly resulting from this collision.

32. As a direct and proximate result of Jagjit's negligence and malice, Plaintiff Lora E. Shearer experienced physical and mental pain and suffering, and lost the ability to perform usual activities, resulting in a diminished quality of life.

**THIRD CAUSE OF ACTION**  
*Vicarious Liability of Defendant Freon Trucking*

33. All allegations above are incorporated into this cause of action by reference.

34. At all relevant times, Jagjit was acting in the course and scope of his employment as, an employee, agent, servant, or independent contractor for Defendant Freon Trucking. Accordingly, Defendant Freon Trucking is vicariously liable for the negligent and malicious acts of Jagjit described in the statement of facts, above.

35. Regardless of the employment or agency relationship, Defendant Freon Trucking is an interstate motor carrier responsible for the acts of its driver.

**FOURTH CAUSE OF ACTION**

*Strict Liability of Defendant Freon Trucking*

36. All allegations above are incorporated into this cause of action by reference.

37. Defendant Freon Trucking is the registered owner of the USDOT number 3144780 and is therefore responsible for the acts of Jagjit.

38. All allegations above are incorporated into this cause of action by reference.

39. Defendant Freon Trucking had a duty to act reasonably in hiring, instructing, training, supervising, and retaining its drivers and other employees and agents, including Jagjit, and to promulgate and enforce policies, procedures, and rules to ensure that its drivers and vehicles, including Jagjit and the Freon Trucking trucks he was driving, were reasonably safe.

40. Defendant Freon Trucking had a duty to exercise reasonable care in entrusting its vehicles and equipment to responsible (leased or otherwise), competent and qualified drivers.

41. Defendant Freon Trucking failed in the above-mentioned duties and was therefore negligent.

42. Defendant Freon Trucking's negligence was the direct and proximate cause of Plaintiffs' injuries and the damages described in this Complaint.

**FIFTH CAUSE OF ACTION**

*Negligence of Defendant Freon Trucking*

43. All allegations above are incorporated into this cause of action by reference.

44. Defendant Freon Trucking had a duty to act reasonably in hiring, instructing, training, supervising and retaining its drivers and other employees and agents, including Defendant Jagjit, and to promulgate and enforce policies, procedures, and rules to ensure that its drivers and vehicles were reasonably safe.

45. Defendant Freon Trucking had a duty to exercise reasonable care in entrusting its vehicles and equipment to responsible, competent and qualified drivers.

46. Defendant Freon Trucking failed in the above-mentioned duties and was therefore negligent.

47. Defendant Freon Trucking's negligence was the direct and proximate cause of Plaintiffs' injuries and the damages described in this Complaint.

#### **SIXTH CAUSE OF ACTION**

##### *Statutory Violations of Defendant Freon Trucking*

48. All allegations above are incorporated into this cause of action by reference.

49. Defendant Freon Trucking violated state and federal statutes and regulations, including but not limited to, 49 C.F.R. §§ 350-399 and O.A.C. 4901:2-5-01, et seq. These regulations were promulgated to protect the safety of a class of people that includes Plaintiffs.

50. Defendant Freon Trucking's statutory violations directly and proximately caused Plaintiffs' damages and injuries.

51. Defendant Freon Trucking is negligent *per se* based on these statutory and regulatory violations.

#### **SEVENTH CAUSE OF ACTION**

##### *Claim for Punitive Damages against Defendants Jagjit and Freon Trucking*

52. All allegations above are incorporated into this cause of action by reference.

53. Defendant Jagjit's and Defendant Freon Trucking's actions demonstrate a conscious disregard for the rights and safety of Plaintiffs and the motoring public, with a conscious disregard for the rights and safety of the Plaintiffs and others despite being aware of their conduct and knowing there was a great probability of causing substantial harm.



54. Accordingly, Plaintiffs demand punitive damages against Defendants Jagjit and Freon Trucking.

**EIGHTH CAUSE OF ACTION**

*Claim for Negligent Entrustment against Quad Trans Inc.*

55. All allegations above are incorporated into this cause of action by reference.

56. Defendant Quad Trans Inc. was the owner of the vehicle operated by Jagjit and Freon Trucking, and knowingly, through actual knowledge or through knowledge implied from known facts and circumstances, and negligently entrusted the operation of their vehicle to Defendants Jagjit and Freon Trucking, who were inexperienced or incompetent to operate the motor vehicle.

57. Defendant Quad Trans Inc., at all relevant times, also acted as principal/master for Defendants Jagjit and Freon Trucking in the operation of the vehicle.

58. As principal and owner of the vehicle operated by agent Defendants Jagjit and Freon Trucking, Defendant Quad Trans Inc. is vicariously liable to the Plaintiffs for injuries and damages sustained by Plaintiffs.

**NINTH CAUSE OF ACTION**

*Declaratory Judgment Action Against Progressive Specialty Insurance Company*

59. All allegations above are incorporated into this cause of action by reference.

60. Plaintiff, Emily B. Shearer was insured under a policy or policies of commercial and/or automobile and/or other insurance issued by Defendant Progressive Specialty Insurance Company to Emily B. Shearer, which upon information and belief, was Policy No. 923398536, and included UIM coverage, and/or other associated coverage.<sup>1</sup>

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<sup>1</sup> Pursuant to Civ.R. 10(1), Plaintiff did not attach Defendant's policy because the policy has not been provided. Plaintiff will submit the policy to support this Complaint once obtained.

61. It is anticipated that Progressive Specialty Insurance Company has or will claim a right of subrogation against the Defendants who caused Plaintiffs' injuries and damages, and/or reimbursement against the Plaintiffs to the extent of the benefits made by or due from Progressive Specialty Insurance Company to Plaintiffs or on Plaintiffs' behalf.

62. Pursuant to Ohio Revised Code 2721.01 *et seq.*, this Court may declare the rights, status and other legal relations of the parties and determine any question of construction or validity of the Progressive Specialty Insurance Company Policy, including subrogation, property damage and UM/UIM coverage, if applicable, once the Defendant tortfeasors prove limits of insurance coverage.

63. Progressive Specialty Insurance Company has required Plaintiff, Emily B. Shearer, to file suit to enforce those rights under the policy.

64. It is unclear as to what rights and obligations exist between Plaintiff, Emily B. Shearer and Progressive Specialty Insurance Company as to numerous issues as set forth in this Complaint. However, it is Progressive Specialty Insurance Company's burden of proof to establish all rights claimed.

65. Plaintiff, Emily B. Shearer seeks a declaration of rights, duties, and liabilities of the parties under the Progressive Specialty Insurance Company Policy.

66. As a result of the foregoing, a justiciable controversy exists between Plaintiff, Emily B. Shearer and Defendant Progressive Specialty Insurance Company regarding their respective rights, if any, each party has under the Progressive Specialty Insurance Company Policy.

#### **TENTH CAUSE OF ACTION**

##### *Breach of Contract Against Progressive Specialty Insurance Company*

67. All allegations above are incorporated into this cause of action by reference.

68. Defendant Progressive Specialty Insurance Company sold insurance in the form of an insurance policy or policies, of which Plaintiff, Emily B. Shearer was insured.

69. Consideration for the sale of the Defendant Progressive Specialty Insurance Company policy or policies came in the form of premiums that were paid to Defendant Progressive Specialty Insurance Company over the life of the policy.

70. All obligations under the policy or policies issued by Defendant Progressive Specialty Insurance Company were performed by Plaintiff, Emily B. Shearer, the named insured(s).

71. Defendant Progressive Specialty Insurance Company failed to properly perform pursuant to the terms and obligations under the policy or policies, which included, but was not limited to, failure and/or refusal to timely pay a valid claim presented by Plaintiff, Emily B. Shearer, and adherence to policy language for UIM, subrogation rights and duties, and other benefits in accordance with the policy or policies and Ohio law.

72. Plaintiff, Emily B. Shearer is entitled to applicable UM/UIM coverage, if the at-fault parties have no insurance or the at-fault parties' insurance limits are less than Plaintiff's UM/UIM coverage or coverage to the at fault parties is denied, Defendant Progressive Specialty Insurance Company is not entitled to reimbursement or subrogation, and the Plaintiff, Emily B. Shearer, is entitled to an assignment of all corresponding rights under the contract.

#### **ELEVENTH CAUSE OF ACTION**

##### *Declaratory Judgment Action Against State Farm Mutual Automobile Insurance Company*

73. All allegations above are incorporated into this cause of action by reference.

74. Plaintiff, Lora E. Shearer was insured under a policy or policies of commercial and/or automobile and/or other insurance issued by Defendant State Farm Mutual Automobile

Insurance Company to Peter V. Shearer, which upon information and belief, was Policy No. C666410-F05-35, and included UIM coverage, and/or other associated coverage.<sup>2</sup>

75. It is anticipated that State Farm Mutual Automobile Insurance Company has or will claim a right of subrogation against the Defendants who caused Plaintiff's injuries and damages, and/or reimbursement against the Plaintiff, Lora E. Shearer, to the extent of the benefits made by or due from State Farm Mutual Automobile Insurance Company to Plaintiff, Lora E. Shearer, or on Plaintiffs' behalf.

76. Pursuant to Ohio Revised Code 2721.01 *et seq.*, this Court may declare the rights, status and other legal relations of the parties and determine any question of construction or validity of the State Farm Mutual Automobile Insurance Company Policy, including subrogation, property damage and UM/UIM coverage, if applicable, once the Defendant tortfeasors prove limits of insurance coverage.

77. State Farm Mutual Automobile Insurance Company has required Plaintiff, Lora E. Shearer, to file suit to enforce those rights under the policy.

78. It is unclear as to what rights and obligations exist between Plaintiff, Lora E. Shearer and State Farm Mutual Automobile Insurance Company as to numerous issues as set forth in this Complaint. However, it is State Farm Mutual Automobile Insurance Company's burden of proof to establish all rights claimed.

79. Plaintiff, Lora E. Shearer seeks a declaration of rights, duties, and liabilities of the parties under the State Farm Mutual Automobile Insurance Company Policy.

80. As a result of the foregoing, a justiciable controversy exists between Plaintiff, Lora E. Shearer and Defendant State Farm Mutual Automobile Insurance Company regarding

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<sup>2</sup> Pursuant to Civ.R. 10(1), Plaintiff did not attach Defendant's policy because the policy has not been provided. Plaintiff will submit the policy to support this Complaint once obtained.

their respective rights, if any, each party has under the State Farm Mutual Automobile Insurance Company Policy.

**TWELFTH CAUSE OF ACTION**

*Breach of Contract Against State Farm Mutual Automobile Insurance Company*

81. All allegations above are incorporated into this cause of action by reference.

82. Defendant State Farm Mutual Automobile Insurance Company sold insurance in the form of an insurance policy or policies, of which Plaintiff, Lora E. Shearer was insured.

83. Consideration for the sale of the Defendant State Farm Mutual Automobile Insurance Company policy or policies came in the form of premiums that were paid to Defendant State Farm Mutual Automobile Insurance Company over the life of the policy.

84. All obligations under the policy or policies issued by Defendant State Farm Mutual Automobile Insurance Company were performed by Plaintiff, Lora E. Shearer, the named insured(s).

85. Defendant State Farm Mutual Automobile Insurance Company failed to properly perform pursuant to the terms and obligations under the policy or policies, which included, but was not limited to, failure and/or refusal to timely pay a valid claim presented by Plaintiff, Lora E. Shearer, and adherence to policy language for processing medical payments, UIM, subrogation rights and duties, and other benefits in accordance with the policy or policies and Ohio law.

86. Plaintiff, Lora E. Shearer is entitled to applicable UM/UIM coverage, if the at-fault parties have no insurance or the at-fault parties' insurance limits are less than Plaintiff's UM/UIM coverage or coverage to the at fault parties is denied, medical payment coverage for all medical bills charged for treatment subsequent to the incident, Defendant State Farm Mutual Automobile Insurance Company is not entitled to reimbursement or subrogation, and the

Plaintiff, Lora E. Shearer, is entitled to an assignment of all corresponding rights under the contract.

**THIRTEENTH CAUSE OF ACTION**

*Declaratory Judgment Anthem Blue Cross Blue Shield*

87. All allegations above are incorporated into this cause of action by reference.

88. Plaintiffs are Health Insurance recipients and were insureds with Anthem Blue Cross Blue Shield (“Anthem”). A copy of Plaintiffs’ Anthem policy is not attached hereto because Plaintiffs do not have a copy of said policy and further, Defendant Anthem has a copy of said policy.

89. Defendant Anthem has paid and may continue to pay certain medical bills on behalf of Plaintiffs and may claim the right of reimbursement from the Plaintiffs or a subrogation claim against Defendants, which claims should be set forth herein or be forever barred.

**WHEREFORE**, Plaintiffs, Lora E. Shearer and Emily B. Shearer respectfully request judgment as follows:

(I) Under the First Cause of Action, Plaintiff Lora E. Shearer demands judgment against Defendant Jagjit for personal injury in excess of \$25,000.00 compensatory damages, along with interest, attorney fees and the costs of this action;

(II) Under the Second Cause of Action, Plaintiff Emily B. Shearer demands judgment against Defendant Jagjit for personal injury in excess of \$25,000.00 compensatory damages, along with interest, attorney fees and the costs of this action;

(III) Under the Third Cause of Action, Plaintiffs demand judgment against Defendant Freon Trucking for vicarious liability in an amount in excess of \$25,000.00, compensatory damages, along with interest, attorney fees, interest and costs;

(IV) Under the Fourth Cause of Action, Plaintiffs demand judgment against Defendant Freon Trucking for strict liability in an amount in excess of \$25,000.00, compensatory damages, along with interest, attorney fees, interest and costs;

(V) Under the Fifth Cause of Action, Plaintiffs demand judgment against Defendant Freon Trucking for negligence in an amount in excess of \$25,000.00, compensatory damages, to be determined at trial, plus attorney fees, interest and costs;

(VI) Under the Sixth Cause of Action, Plaintiffs demand judgment against Defendant Freon Trucking for statutory violations in an amount in excess of \$25,000.00, compensatory damages, to be determined at trial, plus attorney fees, interest and costs;

(VII) Under the Seventh Cause of Action, Plaintiffs demand judgment against Defendants Jagjit and Freon Trucking in an amount in excess of \$25,000.00, punitive damages, to be determined at trial, plus attorney fees, interest and costs;

(VIII) Under the Eighth Cause of Action, Plaintiffs demand judgment against Defendant Quad Trans Inc. for negligent entrustment in an amount in excess of \$25,000.00, compensatory damages, to be determined at trial, plus attorney fees, interest and costs;

(IX) Under the Ninth Cause of Action, Plaintiffs request that this Court declare the rights, status and other legal relations of Plaintiffs and Progressive Specialty Insurance Company;

(X) Under the Tenth Cause of Action, Plaintiffs request judgment against Progressive Specialty Insurance Company for compensatory damages in excess of \$25,000.00;

(XI) Under the Eleventh Cause of Action, Plaintiffs request that this Court declare the rights, status and other legal relations of Plaintiffs and State Farm Mutual Automobile Insurance Company;

(XII) Under the Twelfth Cause of Action, Plaintiffs request judgment against State Farm Mutual Automobile Insurance Company for compensatory damages in excess of \$25,000.00;

(XIII) Under the Thirteenth Cause of Action, Plaintiffs request that this Court declare the rights, status and other legal relations of Plaintiffs and Anthem Blue Cross Blue Shield;

(XIV) Interest, attorney fees and the costs of this action; and

(XV) Any other relief in law or equity the Court deems appropriate.

Respectfully submitted,

/s/ Scott E. Smith

Scott E. Smith (0003749)

**Scott Elliot Smith, L.P.A.**

5003 Horizons Drive, Suite 101

Columbus, OH 43220

Telephone: (614) 846-1700

Facsimile: (614) 486-4987

Email: [ses@sestrialaw.com](mailto:ses@sestrialaw.com)

*Attorney for Plaintiffs*

### **DEMAND FOR JURY TRIAL**

The undersigned Attorney for Plaintiffs hereby demand a trial by jury on any and all triable issues, such demand being made pursuant to Rule 38 of the Ohio Civil Rules of Procedure.

/s/ Scott E. Smith

Scott E. Smith (0003749)



**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the foregoing was served upon the following via this Court's electronic filing system this 16th day of August, 2022:

/s/ Scott E. Smith

Scott E. Smith



Scott Elliot Smith, Esq.  
Board Certified Civil Trial Advocate  
By the National Board of Trial Advocacy  
Also Licensed in Colorado

Scott Elliot Smith L.P.A.  
5003 Horizons Drive, Suite 101  
Columbus, Ohio 43220  
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www.sestriallaw.com

Michael L. Dillard, Jr., Esq.

August 26, 2020

**VIA CERTIFIED & FIRST-CLASS MAIL**

Singh Jagjit  
5802 Blue Spruce Avenue  
Bakersfield, CA 93301

**RE: Notice of Representation and Request to Preserve**

Dear Mr. Jagjit:

Please be advised that the law firm of Scott Elliot Smith L.P.A. has been retained by **Emily B. Shearer** for her claims arising out of a **trucking collision on August 23, 2020 in Delaware County, Ohio**. This letter is a formal request that you preserve and not alter any and all equipment that was involved in the collision, along with photographs, video recordings, recorded audio or computer media, measurements, real evidence, documents, materials, and all other evidence and things relating to the crash which are presently in your possession or the possession of your employee or agent. This includes, but is certainly not limited to, all documents, whether paper, electronic or otherwise stored, relative to the driver and truck company in general. ***We wish to inspect the vehicle as soon as possible.***

In addition to the above, we specifically request that you preserve:

1. The driver's cell phone and cell phone records including logs of text messages from the day of the collision;
2. All photographs, videotapes, or other audio or computer-generated media relating to the occurrence, the scene, or relating to any equipment or things originally located at or near the site of the collision;
3. The driver's qualification file, pursuant to 49 CFR 391.51;
4. The driver's entire investigation history file, pursuant to 49 CFR 391.53;
5. The entire personnel file of the driver;

**EXHIBIT 1**

6. The driver's daily log or on-board recording device for six (6) months before the collision and a week after, along with all supporting data, such as bills of lading, carrier pros, freight bills, dispatch records, electronic mobile communication/tracking records, gate record receipts, weight/scale tickets, fuel receipts, fuel billing statements, toll receipts, toll billing statements, port of entry receipts, cash advance receipts, delivery receipts, lumper receipts, interchange and inspection reports, lessor settlement sheets, over/short and damage reports, agricultural inspection reports, driver and vehicle examination reports, crash reports, telephone billing statements, credit card receipts, border crossing reports, custom declarations, traffic citations, and overweight/oversize permits and traffic citations, as required by 49 CFR 395.8 and 395.15;
7. The printout from any commercial software program (e.g., J.J. Keller's LogChecker©) or other program used to record and audit the driver's log book entries for the one year preceding this collision;
8. The entire drug and alcohol file of the driver including but not limited to pre-employment, post-accident, random, reasonable suspicion, and return to duty drug and alcohol testing results maintained pursuant to 49 CFR 382.401;
9. The driver's entire medical file;
10. All existing driver vehicle inspection reports, pursuant to 49 CFR 396.11;
11. Any and all data from the electronic control monitor or "black box" in the engine or cab of the truck;
12. Any and all GPS or other geographic tracking data concerning the truck's location for the six (6) months before the crash up to and including the date of crash;
13. Any and all communications via CB radio, mobile or satellite communication system, e-mail, cellular telephone, text message, pager, or other in-cab communication device;
14. All freight and loading information for the load being hauled at the time of crash;
15. The Permanent Unit File or its equivalent pursuant to 49 CFR 396.3 including, but not limited to, records relating to the inspections, repairs, maintenance, and costs for the tractor and trailers involved in the collision;
16. All still shots or video from any Drive Cam or other camera in or on the truck;
17. All statements, notes, recordings and other materials obtained from any person having information respecting this incident or surrounding circumstances;
18. All computer, electronic or e-mail messages created in the first forty-eight (48) hours immediately after the incident, by or between your company and any agents or third parties, relating to the facts, circumstances, or investigation of the incident; and

Page 3 of 3

19. Any other information that may be relevant to the crash.

**Please retain all of this evidence.** A number of Court decisions have permitted Court sanctions or “destruction of evidence” lawsuits where a party permanently alters important evidence after receiving written notice of a claim which also requests preservation of evidence. Unless I have your written explanation to the contrary, in writing, within five (5) business days from the date of this letter, I will presume you will strictly abide by all requests outlined above.

Very truly yours,

*Scott E. Smith*

Scott Elliot Smith, Esq.

SES/jsw  
Enclosure



Scott Elliot Smith, Esq.  
Board Certified Civil Trial Advocate  
By the National Board of Trial Advocacy  
Also Licensed in Colorado

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Michael L. Dillard, Jr., Esq.

August 26, 2020

**VIA CERTIFIED & FIRST-CLASS MAIL**

Quad Trans Inc.  
600 Hosking Avenue, Apt. 14  
Bakersfield, CA 93307

**RE: Notice of Representation and Request to Preserve**

To Whom It May Concern:

Please be advised that the law firm of Scott Elliot Smith L.P.A. has been retained by **Emily B. Shearer** for her claims arising out of a **trucking collision on August 23, 2020 in Delaware County, Ohio**. This letter is a formal request that you preserve and not alter any and all equipment that was involved in the collision, along with photographs, video recordings, recorded audio or computer media, measurements, real evidence, documents, materials, and all other evidence and things relating to the crash which are presently in your possession or the possession of your employee or agent. This includes, but is certainly not limited to, all documents, whether paper, electronic or otherwise stored, relative to the driver and truck company in general. ***We wish to inspect the vehicle as soon as possible.***

In addition to the above, we specifically request that you preserve:

1. The driver's cell phone and cell phone records including logs of text messages from the day of the collision;
2. All photographs, videotapes, or other audio or computer-generated media relating to the occurrence, the scene, or relating to any equipment or things originally located at or near the site of the collision;
3. The driver's qualification file, pursuant to 49 CFR 391.51;
4. The driver's entire investigation history file, pursuant to 49 CFR 391.53;
5. The entire personnel file of the driver;

**EXHIBIT 2**

6. The driver's daily log or on-board recording device for six (6) months before the collision and a week after, along with all supporting data, such as bills of lading, carrier pros, freight bills, dispatch records, electronic mobile communication/tracking records, gate record receipts, weight/scale tickets, fuel receipts, fuel billing statements, toll receipts, toll billing statements, port of entry receipts, cash advance receipts, delivery receipts, lumper receipts, interchange and inspection reports, lessor settlement sheets, over/short and damage reports, agricultural inspection reports, driver and vehicle examination reports, crash reports, telephone billing statements, credit card receipts, border crossing reports, custom declarations, traffic citations, and overweight/oversize permits and traffic citations, as required by 49 CFR 395.8 and 395.15;
7. The printout from any commercial software program (e.g., J.J. Keller's LogChecker©) or other program used to record and audit the driver's log book entries for the one year preceding this collision;
8. The entire drug and alcohol file of the driver including but not limited to pre-employment, post-accident, random, reasonable suspicion, and return to duty drug and alcohol testing results maintained pursuant to 49 CFR 382.401;
9. The driver's entire medical file;
10. All existing driver vehicle inspection reports, pursuant to 49 CFR 396.11;
11. Any and all data from the electronic control monitor or "black box" in the engine or cab of the truck;
12. Any and all GPS or other geographic tracking data concerning the truck's location for the six (6) months before the crash up to and including the date of crash;
13. Any and all communications via CB radio, mobile or satellite communication system, e-mail, cellular telephone, text message, pager, or other in-cab communication device;
14. All freight and loading information for the load being hauled at the time of crash;
15. The Permanent Unit File or its equivalent pursuant to 49 CFR 396.3 including, but not limited to, records relating to the inspections, repairs, maintenance, and costs for the tractor and trailers involved in the collision;
16. All still shots or video from any Drive Cam or other camera in or on the truck;
17. All statements, notes, recordings and other materials obtained from any person having information respecting this incident or surrounding circumstances;
18. All computer, electronic or e-mail messages created in the first forty-eight (48) hours immediately after the incident, by or between your company and any agents or third parties, relating to the facts, circumstances, or investigation of the incident; and

Page 3 of 3

19. Any other information that may be relevant to the crash.

**Please retain all of this evidence.** A number of Court decisions have permitted Court sanctions or “destruction of evidence” lawsuits where a party permanently alters important evidence after receiving written notice of a claim which also requests preservation of evidence. Unless I have your written explanation to the contrary, in writing, within five (5) business days from the date of this letter, I will presume you will strictly abide by all requests outlined above.

Very truly yours,

*Scott E. Smith*

Scott Elliot Smith, Esq.

SES/jsw  
Enclosure

Ohio Department of Public Safety		Traffic Crash Report		LOCAL REPORT NUMBER	
<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH -2 <input type="checkbox"/> OH -1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION 10 REPORTING AGENCY NAME * COLUMBUS POLICE DEPARTMENT NCIC * COP00	
COUNTY* 21	LOCALITY* 2 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* Columbus		CRASH DATE / TIME* 08/23/2020 18:16	CRASH SEVERITY 3 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
LOCATION ROUTE TYPE IR	ROUTE NUMBER 71S	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME	ROAD TYPE	LATITUDE DECIMAL DEGREES 40.148170
REFERENCE ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) Ikea	ROAD TYPE WA	LONGITUDE DECIMAL DEGREES -82.970730
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1	DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES	
DISTANCE FROM REFERENCE 200.00	DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2			ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED	
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 1		MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 6		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2	MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN 4
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN	CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN
SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN		LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	
NARRATIVE Driver of Unit 1 stated that he was driving southbound on 71SB at Ikea Way and went to move over into the right lane. The driver of Unit 1 stated that he did not see Unit 2 and struck the vehicle. Driver of Unit 2 stated that she was travelling southbound on 71SB in the far right lane when Unit 1 moved into her lane and struck the driver's side of the vehicle. Unit 2 spun across three lanes of traffic where it came to a stop on the median. Witness 1 corroborated this story. Both the driver and passenger of Unit 2 were trapped and had to be removed by CFD. The driver of Unit 2 had neck pain and was transported to St. Ann's hospital by CFD Medic 33. Unit 2 had to be towed from the scene. The driver of Unit 1 was charged with driving within lanes.					
CRASH REPORTED DATE / TIME 08/23/2020 18:16		DISPATCH DATE / TIME 08/23/2020 18:17		ARRIVAL DATE / TIME 08/23/2020 18:23	SCENE CLEARED DATE / TIME 08/23/2020 19:00
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES 43	
OFFICER'S NAME* Vober, Ashley		OFFICER'S BADGE NUMBER* 3153		CHECKED BY OFFICER'S NAME* BOVA, CHRIS	
CHECKED BY OFFICER'S BADGE NUMBER* 5288		SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	



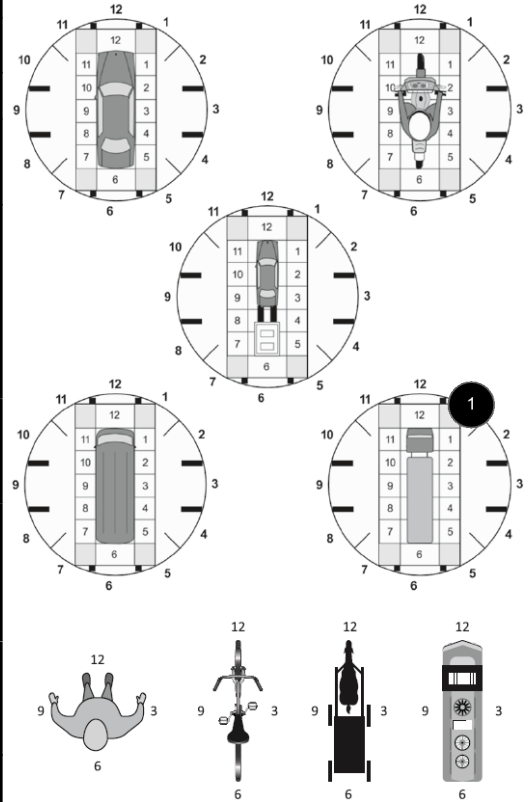
200634291

**DAMAGE****DAMAGE SCALE**

1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

**DAMAGED AREA(S)**

INDICATE ALL THAT APPLY



☐ - NO DAMAGE [ 0 ] ☐ - UNDERCARRIAGE [ 14 ]

☐ - TOP [ 13 ] ☐ - ALL AREAS [ 15 ]

☐ - UNIT NOT AT SCENE [ 16 ]

**INITIAL POINT OF CONTACT**

0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN  
 13 - TOP

**TRAFFIC****TRAFFICWAY FLOW**

1 - ONE-WAY  
 2 - TWO-WAY

**TRAFFIC CONTROL**

1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

**# OF THROUGH LANES ON ROAD**

3

**RAIL GRADE CROSSING**

1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

FROM 1 TO 2  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

**UNIT SPEED**

65

**DETECTED SPEED**

1 - STATED / ESTIMATED SPEED

**POSTED SPEED**

65

1

2 - CALCULATED / EDR

3 - UNDETERMINED

**UNIT #** 1 **OWNER NAME:** LAST, FIRST, MIDDLE ( ☐ SAME AS DRIVER )  
**OWNER ADDRESS:** STREET, CITY, STATE, ZIP ( ☐ SAME AS DRIVER )  
 600 HOSKING AVE APT 14A, BAKERSFIELD, CA, 93301  
**COMMERCIAL CARRIER:** NAME, ADDRESS, CITY, STATE, ZIP  
 JASPREET KAUR, 4488 N CORNECIA AVE APT 216, BAKERSFIELD, CA, 93301  
**COMMERCIAL CARRIER PHONE:** INCLUDE AREA CODE

**LP STATE** CA **LICENSE PLATE #** XP66635 **VEHICLE IDENTIFICATION #** 1FUJHHR8KLKN0245 **VEHICLE YEAR** 2019 **VEHICLE MAKE** FREIGHTLINER  
**INSURANCE VERIFIED** ☒ **INSURANCE COMPANY** ACORD **INSURANCE POLICY #** AFCA00036601 **COLOR** WHI **VEHICLE MODEL** CASCADIA  
**TYPE OF USE** ☒ COMMERCIAL ☐ GOVERNMENT ☐ IN EMERGENCY RESPONSE **US DOT #** 3144780 **TOWED BY:** COMPANY NAME  
**INTERLOCK DEVICE EQUIPPED** ☐ **HIT/SKIP UNIT** ☐ **# OCCUPANTS** 1 **VEHICLE WEIGHT GVWR/GCWR** 2 **HAZARDOUS MATERIAL** ☐ MATERIAL ☐ RELEASED ☐ PLACARD **CLASS #** **PLACARD ID #**

**UNIT TYPE** 15  
 1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER  
 2 - PASSENGER VAN (MINIVAN) 7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)  
 3 - SPORT UTILITY VEHICLE 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST  
 4 - PICK UP 9 - AUTOCYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE  
 5 - CARGO VAN 10 - MOPED OR MOTORIZED BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN  
 11 - ALL TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

**# OF TRAILING UNITS** 1  
 WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - OTHER/UNKNOWN  
 1 - YES 2 - NO 9 - OTHER / UNKNOWN **AUTONOMOUS MODE LEVEL** 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION

**SPECIAL FUNCTION** 1  
 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER  
 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN  
 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL  
 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING  
 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIP. 20 - SAFETY SERVICE PATROL

**CARGO BODY TYPE** 1  
 1 - NO CARGO BODY TYPE / NOT APPLICABLE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN  
 2 - BUS 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER  
 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 6 - CARGOVAN /ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER  
 10 - FLAT BED 14 - GARBAGE/REFUSE

**VEHICLE DEFECTS**  
 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN  
 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT  
 3 - TAIL LAMPS 6 - TIRE BLOWOUT

**NON-MOTORIST LOCATION AT IMPACT**  
 1 - INTERSECTION - MARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN  
 2 - INTERSECTION - UNMARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS  
 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE

**ACTION** 3 **PRE-CRASH ACTIONS** 3  
 1 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE  
 2 - NON-COLLISION 2 - BACKING 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN  
 3 - STRIKING 3 - CHANGING LANES 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE  
 4 - STRUCK 4 - OVERTAKING/PASSING 12 - DRIVERLESS 19 - STANDING 20 - OTHER NON-MOTORIST  
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE  
 6 - MAKING LEFT TURN 14 - ENTERING OR CROSSING SPECIFIED LOCATION  
 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE  
 9 - OTHER / UNKNOWN

**CONTRIBUTING CIRCUMSTANCES** 9  
 1 - NONE 8 - FOLLOWING TOO CLOSE / ACD A 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY  
 2 - FAILURE TO YIELD 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING /FALLING/SPILLING 99 - OTHER IMPROPER ACTION  
 3 - RAN RED LIGHT 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING  
 4 - RAN STOP SIGN 11 - DROVE OFF ROAD 16 - WRONG WAY 21 - LYING IN ROADWAY  
 5 - UNSAFE SPEED 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE  
 6 - IMPROPER TURN  
 7 - LEFT OF CENTER

**SEQUENCE OF EVENTS**

**EVENTS**  
 1 20 1 - OVERTURN/ROLLOVER 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE  
 2 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT  
 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE  
 4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT  
 5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE  
 6 - EQUIPMENT FAILURE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 24 - OTHER MOVABLE OBJECT

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING  
 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES 46 - FENCE 53 - TUNNEL  
 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT  
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 99 - OTHER / UNKNOWN  
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT  
 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT  
 37 - TRAFFIC SIGN POST 44 - DITCH 51 - WALL

**FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT**

200634291

OWNER	UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) SHEARER, EMILY, BRIANNE	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 6288 LEHMAN RD, DELAWARE, OH, 43015				
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE OH	LICENSE PLATE # HFD5915	VEHICLE IDENTIFICATION # 19XFA16569E018619	VEHICLE YEAR 2009	VEHICLE MAKE HONDA
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 923398536	COLOR RED	VEHICLE MODEL CIVIC
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME JOHNSONS	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 2	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #	
	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN		6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
	UNIT TYPE 1 0		# OF TRAILING UNITS		
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER / UNKNOWN 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - OTHER/UNKNOWN				
	SPECIAL FUNCTION 1 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP. 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN				
	CARGO BODY TYPE 1 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN /ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN				
	VEHICLE DEFECTS 1 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN				
EVENTS (S)	NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN				
	ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN				
	CONTRIBUTING CIRCUMSTANCES 1 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE /ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING /FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION				
	SEQUENCE OF EVENTS 1 20 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT				
	COLLISION WITH FIXED OBJECT - STRUCK 4 25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER STRUCTURE 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN				
	FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1				

DAMAGE	
DAMAGE SCALE 1 - NONE 2 - MINOR DAMAGE 3 - FUNCTIONAL DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN 4	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> NO DAMAGE [ 0 ] <input type="checkbox"/> UNDERCARRIAGE [ 14 ] <input type="checkbox"/> TOP [ 13 ] <input checked="" type="checkbox"/> ALL AREAS [ 15 ] <input type="checkbox"/> UNIT NOT AT SCENE [ 16 ]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 7 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY 2	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL 6
# OF THROUGH LANES ON ROAD 3	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 65	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 1 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 65	

Case: 2:22-cv-03140-EAS-GMV Doc #: 1

**MOTORIST / Non-MOTORIST**

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER			
	1	JAGJIT, SINGH				02/10/1981		39	M			
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
	5802 BLUE SPRUCE AVE, BAKERSFIELD, CA, 93301											
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5	BY 1				4		1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION		CITATION NUMBER				
CA			2131.08A		X	DRIVING WITHIN LANES OR CONTINU		1937422				
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED	CONDITION	ALCOHOL TEST		DRUG TEST(S)			
1				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS SELECT UP TO 4
							1	1	.	1	1	

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER	
	2	SHEARER, EMILY, BRIANNE					06/09/1997			23	F	
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE					
	6288 LEHMAN RD, DELAWARE, OH, 43015											
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
3	BY 2	COLUMBUS FIRE	ST ANNES		4		1	2	1	2		
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
OH					<input type="checkbox"/>							
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)		
4		3	1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS SELECT UP TO 4
							1	1	.	1	1	

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY [ ]	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
	OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS    TYPE    VALUE		DRUG TEST(S) STATUS    TYPE    RESULTS SELECT UP TO 4	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, dialing) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURIES TAKEN BY	EJECTION	OL ENDORSEMENT	ALCOHOL TEST TYPE			
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	1 - NONE 2 - BLOOD 3 - URINE 5 - OTHER			
SAFETY EQUIPMENT	TRAPPED	CONDITION	DRUG TEST TYPE			
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER			
	GENDER	DRUG TEST RESULT(S)				
	F - FEMALE M - MALE U - OTHER / UNKNOWN	1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS				

## OCCUPANT / WITNESS ADDENDUM

LP REPORT NUMBER  
200634291

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	2	SCHEARER, LORA				12/09/1979		40	F	
	ADDRESS: STREET, CITY, STATE, ZIP 165 LOFTON CIR, DELAWARE, OH, 43015					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5	1			4		3	2	1	2
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
INJURIES		SAFETY EQUIPMENT USED			SEATING POSITION		AIR BAG USAGE			
1 - FATAL		1 - NONE USED - VEHICLE OCCUPANT			1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED			
2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED			2 - FRONT - MIDDLE		2 - DEPLOYED FRONT			
3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED			3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE			
4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED			4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE			
5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			5 - SECOND - MIDDLE		5 - NOT APPLICABLE			
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING			6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN			
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - BOOSTER SEAT			7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION			
2 - EMS		8 - HELMET USED			8 - THIRD - MIDDLE		1 - NOT EJECTED			
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)			9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED			
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING			10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED			
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE			
F - FEMALE		99 - OTHER / UNKNOWN			12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED			
M - MALE					13 - TRAILING UNIT		1 - NOT TRAPPED			
U - OTHER / UNKNOWN					14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS			
					15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS			
					99 - OTHER / UNKNOWN					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	FOUT. CHARLES					11/23/1977		42	M	
	ADDRESS: STREET, CITY, STATE, ZIP 210 N WAGNER AVE, BALTIMORE, OH, 43105					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				



Scott Elliot Smith, Esq.  
Board Certified Civil Trial Advocate  
By the National Board of Trial Advocacy  
Also Licensed in Colorado

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[www.sestriallaw.com](http://www.sestriallaw.com)

Michael L. Dillard, Jr., Esq.

August 26, 2020

**VIA CERTIFIED & FIRST-CLASS MAIL**

Jaspreet Kaur  
4488 North Cornecia Avenue, Apt 216  
Bakersfield, CA 93301

**RE: *Notice of Representation and Request to Preserve***

To Whom It May Concern:

Please be advised that the law firm of Scott Elliot Smith L.P.A. has been retained by **Emily B. Shearer** for her claims arising out of a **trucking collision on August 23, 2020 in Delaware County, Ohio**. This letter is a formal request that you preserve and not alter any and all equipment that was involved in the collision, along with photographs, video recordings, recorded audio or computer media, measurements, real evidence, documents, materials, and all other evidence and things relating to the crash which are presently in your possession or the possession of your employee or agent. This includes, but is certainly not limited to, all documents, whether paper, electronic or otherwise stored, relative to the driver and truck company in general. ***We wish to inspect the vehicle as soon as possible.***

In addition to the above, we specifically request that you preserve:

1. The driver's cell phone and cell phone records including logs of text messages from the day of the collision;
2. All photographs, videotapes, or other audio or computer-generated media relating to the occurrence, the scene, or relating to any equipment or things originally located at or near the site of the collision;
3. The driver's qualification file, pursuant to 49 CFR 391.51;
4. The driver's entire investigation history file, pursuant to 49 CFR 391.53;
5. The entire personnel file of the driver;

**EXHIBIT 3**



6. The driver's daily log or on-board recording device for six (6) months before the collision and a week after, along with all supporting data, such as bills of lading, carrier pros, freight bills, dispatch records, electronic mobile communication/tracking records, gate record receipts, weight/scale tickets, fuel receipts, fuel billing statements, toll receipts, toll billing statements, port of entry receipts, cash advance receipts, delivery receipts, lumper receipts, interchange and inspection reports, lessor settlement sheets, over/short and damage reports, agricultural inspection reports, driver and vehicle examination reports, crash reports, telephone billing statements, credit card receipts, border crossing reports, custom declarations, traffic citations, and overweight/oversize permits and traffic citations, as required by 49 CFR 395.8 and 395.15;
7. The printout from any commercial software program (e.g., J.J. Keller's LogChecker©) or other program used to record and audit the driver's log book entries for the one year preceding this collision;
8. The entire drug and alcohol file of the driver including but not limited to pre-employment, post-accident, random, reasonable suspicion, and return to duty drug and alcohol testing results maintained pursuant to 49 CFR 382.401;
9. The driver's entire medical file;
10. All existing driver vehicle inspection reports, pursuant to 49 CFR 396.11;
11. Any and all data from the electronic control monitor or "black box" in the engine or cab of the truck;
12. Any and all GPS or other geographic tracking data concerning the truck's location for the six (6) months before the crash up to and including the date of crash;
13. Any and all communications via CB radio, mobile or satellite communication system, e-mail, cellular telephone, text message, pager, or other in-cab communication device;
14. All freight and loading information for the load being hauled at the time of crash;
15. The Permanent Unit File or its equivalent pursuant to 49 CFR 396.3 including, but not limited to, records relating to the inspections, repairs, maintenance, and costs for the tractor and trailers involved in the collision;
16. All still shots or video from any Drive Cam or other camera in or on the truck;
17. All statements, notes, recordings and other materials obtained from any person having information respecting this incident or surrounding circumstances;
18. All computer, electronic or e-mail messages created in the first forty-eight (48) hours immediately after the incident, by or between your company and any agents or third parties, relating to the facts, circumstances, or investigation of the incident; and

Page 3 of 3

19. Any other information that may be relevant to the crash.

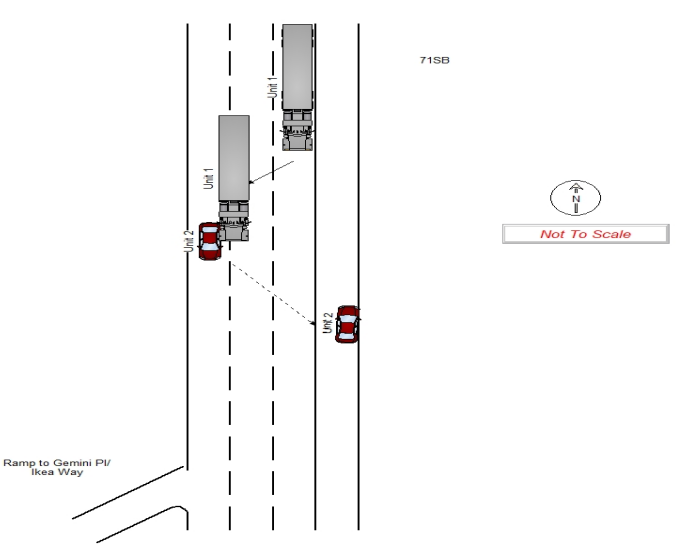
**Please retain all of this evidence.** A number of Court decisions have permitted Court sanctions or “destruction of evidence” lawsuits where a party permanently alters important evidence after receiving written notice of a claim which also requests preservation of evidence. Unless I have your written explanation to the contrary, in writing, within five (5) business days from the date of this letter, I will presume you will strictly abide by all requests outlined above.

Very truly yours,

*Scott E. Smith*

Scott Elliot Smith, Esq.

SES/jsw  
Enclosure

Ohio Department of Public Safety		Traffic Crash Report		LOCAL REPORT NUMBER	
<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH		<input type="checkbox"/> OH -2 <input type="checkbox"/> OH -1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY		LOCAL INFORMATION 10 REPORTING AGENCY NAME * COLUMBUS POLICE DEPARTMENT NCIC * COP00	
COUNTY* 21	LOCALITY* 2 1 - CITY 2 - VILLAGE 3 - TOWNSHIP	LOCATION: CITY, VILLAGE, TOWNSHIP* Columbus		CRASH DATE / TIME* 08/23/2020 18:16	CRASH SEVERITY 3 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY
LOCATION ROUTE TYPE IR	ROUTE NUMBER 71S	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME Ikea	ROAD TYPE WA	LATITUDE DECIMAL DEGREES 40.148170 LONGITUDE DECIMAL DEGREES -82.970730
REFERENCE ROUTE TYPE	ROUTE NUMBER	PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)	ROAD TYPE	
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # 1		DIRECTION FROM REFERENCE 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 1	ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE	ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY	INTERSECTION RELATED <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES
DISTANCE FROM REFERENCE 200.00		DISTANCE UNIT OF MEASURE 1 - MILES 2 - FEET 3 - YARDS 2			ROADWAY <input checked="" type="checkbox"/> ROADWAY DIVIDED
LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 1			MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN 6		DIRECTION OF TRAVEL 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 2
MEDIAN TYPE 1 - DIVIDED FLUSH MEDIAN (< 4 FEET) 2 - DIVIDED FLUSH MEDIAN (>= 4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER / UNKNOWN 4					
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE		WORK ZONE TYPE 1 - LANE CLOSURE 2 - LANE SHIFT/ CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA	CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER / UNKNOWN 1	CONDITIONS 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER / UNKNOWN 1
SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER / UNKNOWN 2		LIGHT CONDITION 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN 1		WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN 2	
NARRATIVE Driver of Unit 1 stated that he was driving southbound on 71SB at Ikea Way and went to move over into the right lane. The driver of Unit 1 stated that he did not see Unit 2 and struck the vehicle. Driver of Unit 2 stated that she was travelling southbound on 71SB in the far right lane when Unit 1 moved into her lane and struck the driver's side of the vehicle. Unit 2 spun across three lanes of traffic where it came to a stop on the median. Witness 1 corroborated this story. Both the driver and passenger of Unit 2 were trapped and had to be removed by CFD. The driver of Unit 2 had neck pain and was transported to St. Ann's hospital by CFD Medic 33. Unit 2 had to be towed from the scene. The driver of Unit 1 was charged with driving within lanes.					
					
CRASH REPORTED DATE / TIME 08/23/2020 18:16		DISPATCH DATE / TIME 08/23/2020 18:17		ARRIVAL DATE / TIME 08/23/2020 18:23	SCENE CLEARED DATE / TIME 08/23/2020 19:00
TOTAL TIME ROADWAY CLOSED		OTHER INVESTIGATION TIME		TOTAL MINUTES 43	
OFFICER'S NAME* Vober, Ashley		CHECKED BY OFFICER'S NAME* BOVA, CHRIS		REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	
OFFICER'S BADGE NUMBER* 3153		CHECKED BY OFFICER'S BADGE NUMBER* 5288		<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	



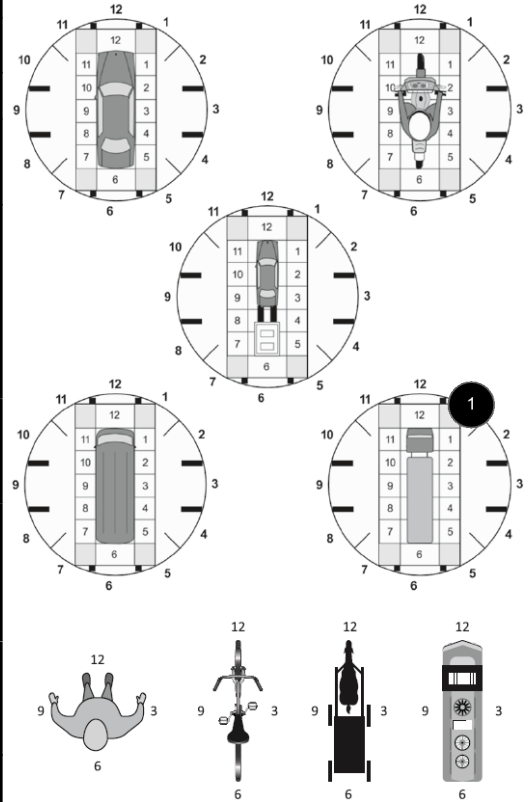
200634291

**DAMAGE****DAMAGE SCALE**

1 - NONE 3 - FUNCTIONAL DAMAGE  
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE  
 9 - UNKNOWN

**DAMAGED AREA(S)**

INDICATE ALL THAT APPLY



☐ - NO DAMAGE [ 0 ] ☐ - UNDERCARRIAGE [ 14 ]

☐ - TOP [ 13 ] ☐ - ALL AREAS [ 15 ]

☐ - UNIT NOT AT SCENE [ 16 ]

**INITIAL POINT OF CONTACT**

0 - NO DAMAGE 14 - UNDERCARRIAGE  
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
 99 - UNKNOWN  
 13 - TOP

**TRAFFIC****TRAFFICWAY FLOW**

1 - ONE-WAY  
 2 - TWO-WAY

**TRAFFIC CONTROL**

1 - ROUNDABOUT 4 - STOP SIGN  
 2 - SIGNAL 5 - YIELD SIGN  
 3 - FLASHER 6 - NO CONTROL

**# OF THROUGH LANES ON ROAD**

3

**RAIL GRADE CROSSING**

1 - NOT INVOLVED  
 2 - INVOLVED-ACTIVE CROSSING  
 3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**

FROM 1 TO 2  
 1 - NORTH 5 - NORTHEAST  
 2 - SOUTH 6 - NORTHWEST  
 3 - EAST 7 - SOUTHEAST  
 4 - WEST 8 - SOUTHWEST  
 9 - OTHER / UNKNOWN

**UNIT SPEED**

65

**DETECTED SPEED**

1 - STATED / ESTIMATED SPEED

**POSTED SPEED**

65

1 2 - CALCULATED / EDR

3 - UNDETERMINED

<b>UNIT #</b> 1	<b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) QUAD TRANS INC,	<b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )
<b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 600 HOSKING AVE APT 14A, BAKERSFIELD, CA, 93301		
<b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP JASPREET KAUR, 4488 N CORNECIA AVE APT 216, BAKERSFIE		<b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE

<b>LP STATE</b> CA	<b>LICENSE PLATE #</b> XP66635	<b>VEHICLE IDENTIFICATION #</b> 1FUJHHR8KLKN0245	<b>VEHICLE YEAR</b> 2019	<b>VEHICLE MAKE</b> FREIGHTLINER
<input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>	<b>INSURANCE COMPANY</b> ACORD	<b>INSURANCE POLICY #</b> AFXCA00036601	<b>COLOR</b> WHI	<b>VEHICLE MODEL</b> CASCADIA
<b>TYPE OF USE</b> <input checked="" type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		<b>US DOT #</b> 3144780	<b>TOWED BY:</b> COMPANY NAME	
<input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>	<input type="checkbox"/> <b>HIT/SKIP UNIT</b>	<b># OCCUPANTS</b> 1	<b>HAZARDOUS MATERIAL</b> <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD <input type="checkbox"/> CLASS # <input type="checkbox"/> PLACARD ID #	
<b>VEHICLE WEIGHT GVWR/GCWR</b> 2 1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.				

<b>UNIT TYPE</b> 15	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN	6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV/UTV)	12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME	18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP
<b># OF TRAILING UNITS</b> 1					

<b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN	<b>AUTONOMOUS MODE LEVEL</b> 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - OTHER/UNKNOWN
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<b>SPECIAL FUNCTION</b> 1	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE	11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIP.	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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<b>CARGO BODY TYPE</b> 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN /ENCLOSED BOX	7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED	11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE	99 - OTHER / UNKNOWN
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<b>VEHICLE DEFECTS</b>	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS	4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT	99 - OTHER / UNKNOWN
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<b>NON-MOTORIST LOCATION AT IMPACT</b>	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER	4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE	7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND	10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE	99 - OTHER / UNKNOWN
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<b>ACTION</b> 3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	<b>PRE-CRASH ACTIONS</b> 3	1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE	9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION	15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST	21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN
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<b>CONTRIBUTING CIRCUMSTANCES</b> 9	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER	8 - FOLLOWING TOO CLOSE /ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION	18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING /FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION
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**SEQUENCE OF EVENTS**

<b>EVENTS</b>	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER	19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT
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**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE	31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST	38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH	45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL	52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN
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1 FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

200634291

OWNER	UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) SHEARER, EMILY, BRIANNE	OWNER PHONE: INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )		
	OWNER ADDRESS: STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) 6288 LEHMAN RD, DELAWARE, OH, 43015				
	COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE		
VEHICLE	LP STATE OH	LICENSE PLATE # HFD5915	VEHICLE IDENTIFICATION # 19XFA16569E018619	VEHICLE YEAR 2009	VEHICLE MAKE HONDA
	<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PROGRESSIVE	INSURANCE POLICY # 923398536	COLOR RED	VEHICLE MODEL CIVIC
	TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME JOHNSONS	
	<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 2	VEHICLE WEIGHT GVWR/GCWR 1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD CLASS # PLACARD ID #
	UNIT TYPE 1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER 2 - PASSENGER VAN (MINIVAN) 7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 9 - AUTOCYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 10 - MOPED OR MOTORIZED BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP				
	# OF TRAILING UNITS 0				
	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - OTHER/UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION				
	SPECIAL FUNCTION 1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIP. 20 - SAFETY SERVICE PATROL				
	CARGO BODY TYPE 1 - NO CARGO BODY TYPE / NOT APPLICABLE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN 2 - BUS 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 6 - CARGOVAN /ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 10 - FLAT BED 14 - GARBAGE/REFUSE				
	VEHICLE DEFECTS 1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT				
EVENTS (S)	NON-MOTORIST LOCATION AT IMPACT 1 - INTERSECTION - MARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 2 - INTERSECTION - UNMARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE				
	ACTION 4 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE 2 - NON-COLLISION 3 - CHANGING LANES 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN 3 - STRIKING 4 - OVERTAKING/PASSING 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 4 - STRUCK 5 - MAKING RIGHT TURN 12 - DRIVERLESS 18 - APPROACHING OR LEAVING VEHICLE 5 - BOTH STRIKING & STRUCK 6 - MAKING LEFT TURN 13 - NEGOTIATING A CURVE 19 - STANDING 9 - OTHER / UNKNOWN 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 20 - OTHER NON-MOTORIST				
	CONTRIBUTING CIRCUMSTANCES 1 - NONE 8 - FOLLOWING TOO CLOSE /ACDA 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO ROADWAY 2 - FAILURE TO YIELD 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING /FALLING/SPILLING 99 - OTHER IMPROPER ACTION 3 - RAN RED LIGHT 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING 4 - RAN STOP SIGN 11 - DROVE OFF ROAD 16 - WRONG WAY 21 - LYING IN ROADWAY 5 - UNSAFE SPEED 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE 6 - IMPROPER TURN 7 - LEFT OF CENTER				
	SEQUENCE OF EVENTS 1 - OVERTURN/ROLLOVER 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT 3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE 4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 23 - OTHER MOVABLE OBJECT 6 - EQUIPMENT FAILURE 12 - IMPROPER BACKING 17 - ANIMAL - FARM 24 - OTHER MOVABLE OBJECT 18 - ANIMAL - DEER				
	COLLISION WITH FIXED OBJECT - STRUCK 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE 53 - TUNNEL 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 99 - OTHER / UNKNOWN 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 37 - TRAFFIC SIGN POST 44 - DITCH 51 - WALL				
	FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT				

DAMAGE	
DAMAGE SCALE 1 - NONE 3 - FUNCTIONAL DAMAGE 4 - 2 - MINOR DAMAGE 4 - DISABLING DAMAGE 9 - UNKNOWN	
DAMAGED AREA(S) INDICATE ALL THAT APPLY	
<input type="checkbox"/> NO DAMAGE [ 0 ] <input type="checkbox"/> UNDERCARRIAGE [ 14 ] <input type="checkbox"/> TOP [ 13 ] <input checked="" type="checkbox"/> ALL AREAS [ 15 ] <input type="checkbox"/> UNIT NOT AT SCENE [ 16 ]	
INITIAL POINT OF CONTACT 0 - NO DAMAGE 14 - UNDERCARRIAGE 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN 13 - TOP	
TRAFFIC	
TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY 2	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL 6
# OF THROUGH LANES ON ROAD 3	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING 1
UNIT / NON-MOTORIST DIRECTION FROM 1 TO 2 1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN	
UNIT SPEED 65	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED 1
POSTED SPEED 65	

Case: 2:22-cv-03140-EAS-OMV Doc #: 1 Filed: 08/16/22 Page: 35 of 36 PageID #: 95

**MOTORIST / NON-MOTORIST**

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER		
	1	JAGJIT, SINGH					02/10/1981			39	M		
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE						
	5802 BLUE SPRUCE AVE, BAKERSFIELD, CA, 93301												
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
5	BY 1					4		1	1	1	1		
OL STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER			
CA				2131.08A		X	DRIVING WITHIN LANES OR CONTINU			1937422			
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3		DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)		
1				1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS SELECT UP TO 4
								1	1	.	1	1	

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH			AGE	GENDER
	2	SHEARER, EMILY, BRIANNE					06/09/1997			23	F
	ADDRESS: STREET, CITY, STATE, ZIP						CONTACT PHONE - INCLUDE AREA CODE				
	6288 LEHMAN RD, DELAWARE, OH, 43015										
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
3	BY 2	COLUMBUS FIRE	ST ANNES		4		1	2	1	2	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
OH					<input type="checkbox"/>						
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST			DRUG TEST(S)	
4		3	1	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		1	STATUS	TYPE	VALUE	STATUS	TYPE
							1	1	.	1	1
							RESULTS SELECT UP TO 4				

MOTORIST / NON-MOTORIST	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH			AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE					
	INJURIES	INJURED TAKEN BY [ ]	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION		CITATION NUMBER		
	OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION	ALCOHOL TEST STATUS    TYPE    VALUE		DRUG TEST(S) STATUS    TYPE    RESULTS SELECT UP TO 4	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, dialing) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN
INJURIES TAKEN BY	EJECTION	OL ENDORSEMENT	ALCOHOL TEST TYPE			
1 - NOT TRANSPORTED /TREATED AT SCENE 2 - EMS 3 - POLICE 9 - OTHER / UNKNOWN	1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE	H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	1 - NONE 2 - BLOOD 3 - URINE 5 - OTHER			
SAFETY EQUIPMENT	TRAPPED	CONDITION	DRUG TEST TYPE			
1 - NONE USED 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER			
	GENDER	DRUG TEST RESULT(S)				
	F - FEMALE M - MALE U - OTHER / UNKNOWN	1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS				

## OCCUPANT / WITNESS ADDENDUM

LP REPORT NUMBER

200634291

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	2	SCHEARER, LORA				12/09/1979		40	F	
	ADDRESS: STREET, CITY, STATE, ZIP 165 LOFTON CIR, DELAWARE, OH, 43015					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
	5	1			4		3	2	1	2
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
INJURIES		SAFETY EQUIPMENT USED			SEATING POSITION		AIR BAG USAGE			
1 - FATAL		1 - NONE USED - VEHICLE OCCUPANT			1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)		1 - NOT DEPLOYED			
2 - SUSPECTED SERIOUS INJURY		2 - SHOULDER BELT ONLY USED			2 - FRONT - MIDDLE		2 - DEPLOYED FRONT			
3 - SUSPECTED MINOR INJURY		3 - LAP BELT ONLY USED			3 - FRONT - RIGHT SIDE		3 - DEPLOYED SIDE			
4 - POSSIBLE INJURY		4 - SHOULDER & LAP BELT USED			4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)		4 - DEPLOYED BOTH FRONT/SIDE			
5 - NO APPARENT INJURY		5 - CHILD RESTRAINT SYSTEM - FORWARD FACING			5 - SECOND - MIDDLE		5 - NOT APPLICABLE			
INJURED TAKEN BY		6 - CHILD RESTRAINT SYSTEM - REAR FACING			6 - SECOND - RIGHT SIDE		9 - DEPLOYMENT UNKNOWN			
1 - NOT TRANSPORTED / TREATED AT SCENE		7 - BOOSTER SEAT			7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)		EJECTION			
2 - EMS		8 - HELMET USED			8 - THIRD - MIDDLE		1 - NOT EJECTED			
3 - POLICE		9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)			9 - THIRD - RIGHT SIDE		2 - PARTIALLY EJECTED			
9 - OTHER / UNKNOWN		10 - REFLECTIVE CLOTHING			10 - SLEEPER SECTION OF TRUCK CAB		3 - TOTALLY EJECTED			
GENDER		11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY			11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)		4 - NOT APPLICABLE			
F - FEMALE		99 - OTHER / UNKNOWN			12 - PASSENGER IN UNENCLOSED CARGO AREA		TRAPPED			
M - MALE					13 - TRAILING UNIT		1 - NOT TRAPPED			
U - OTHER / UNKNOWN					14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)		2 - EXTRICATED BY MECHANICAL MEANS			
					15 - NON-MOTORIST		3 - FREED BY NON-MECHANICAL MEANS			
					99 - OTHER / UNKNOWN					
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	FOUT. CHARLES					11/23/1977		42	M	
	ADDRESS: STREET, CITY, STATE, ZIP 210 N WAGNER AVE, BALTIMORE, OH, 43105					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE					DATE OF BIRTH		AGE	GENDER	
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